

VA Facility Name:

Veteran's Name:

Veteran's SSN:

**Compensated Work Therapy  
Discharge Form**

**INSTRUCTIONS:** A clinician should complete the CWT Discharge Survey as close to the day of discharge as possible. Use all information sources necessary to answer the survey completely, including the medical record. A clinician, not the veteran, should enter the information into the computer.

**No questions should be left blank - you must enter a response to every question on the survey**

**PLEASE ENTER THIS DATA INTO THE ELECTRONIC FORM.**

**DO NOT SEND THIS FORM TO NEPEC.**

**DISCHARGE FORM**

1. Name of staff completing form (Last name, First Initial):  [R]

2. Date form completed:  [R] mm-dd-yyyy

3. Three or Five Digit VA Station Code:  Facility Suffix (if applicable):

4. Date discharged from CWT:  [R] mm-dd-yyyy

5. In your opinion, is the veteran capable of competitive employment? ..... Yes ☐ No ☐ Don't Know ☐

6. At the time of discharge, was the veteran interested in competitive employment? (if currently working in competitive employment, check 'yes')... Yes ☐ No ☐ Don't Know ☐

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7. Veteran's employment status at time of discharge from CWT was (check all that apply):

- a. Full-time paid competitive employment in community: .....Yes ☐ No ☐ Don't Know ☐
- b. Part-time paid competitive employment in community:.....Yes ☐ No ☐ Don't Know ☐
- c. VA's Incentive Therapy (IT) or another CWT program: .....Yes ☐ No ☐ Don't Know ☐
- d. Unpaid volunteer: .....Yes ☐ No ☐ Don't Know ☐
- e. Student/trainee: .....Yes ☐ No ☐ Don't Know ☐
- f. Unemployed: .....Yes ☐ No ☐ Don't Know ☐
- g. Retired: .....Yes ☐ No ☐ Don't Know ☐
- h. Too ill to work/disabled: .....Yes ☐ No ☐ Don't Know ☐
- i. Unknown - veteran left program without indicating employment status: .....Yes ☐ No ☐

8. If working now (a-d above), how many weeks has the veteran worked at this job?.....  [R]  
 (If currently working more than one job or type of activity, select the position that  
 has lasted the longest – Enter DK for Don't Know or 00 if the veteran is not working)

9. GAF SCORE: Please rate this veteran's level of functioning over the last 30 days: .....  [R]  
 where 01 is complete absence of functioning, and 99 is exceptional functioning;  
 Enter “NQ” if the employment specialist is not qualified to make a rating, or enter  
 “NI” if there is not enough information to make assessment.

10. In the last 30 days prior to discharge, what percent of all contacts between CWT staff and the veteran were...  
 (enter percentage; should add up to 100%)

At a community work site.....	<input type="text"/>
At a VA work site .....	<input type="text"/>
In the community, not at a work site .....	<input type="text"/>
At the VA, not at a work site (e.g. CWT staff office).....	<input type="text"/>

11. Instructions: Complete for the **30 DAYS PRIOR TO DISCHARGE only**. For each question (except job status), if no participation, enter "0". If unknown, enter DK for "Don't Know."

For job status please select one of the following-

- 0 – Job is ongoing, did not end
- 1 – Left for (another) competitive job
- 2 – Left for (another) transitional job
- 3 – Left for (another) volunteer job
- 4 – Job was time limited
- 4 – Laid off
- 5 – Fired
- 6 – Quit (including left program without notice)
- 7 – Other
- NA – Not applicable
- DK – Don't Know

**a. Competitive Employment paid directly by employer as part of CWT/SE**

# of days	Average hrs./day	Average wage/hr	#of placements/jobs	Job status (see codes above)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**b. Transitional Employment (TE; paid by the CWT program)**

**i. Transitional Work Experience in the community**

# of days	Average hrs./day	Average wage/hr	#of placements/jobs	Job status (see codes above)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**ii. Transitional Work Experience on VA grounds**

# of days	Average hrs./day	Average wage/hr	#of placements/jobs	Job status (see codes above)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**c. NISH job (JWOD)**

# of days	Average hrs./day	Average wage/hr	#of placements/jobs	Job status (see codes above)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**d. Sheltered workshop**

# of days	Average hrs./day	Average wage/hr	#of placements/jobs	Job status (see codes above)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**e. Incentive Therapy**

# of days	Average hrs./day	Average wage/hr	#of placements/jobs	Job status (see codes above)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**f. Volunteer work (unpaid)**

# of days	Average hrs./day	Average wage/hr	#of placements/jobs	Job status (see codes above)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**g. Competitive Employment, not through CWT/SE**

# of days	Average hrs./day	Average wage/hr	#of placements/jobs	Job status (see codes above)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**h. NUMBER OF DAYS IN ANY OF THE ABOVE (a – g)**

# of days	Average hrs./day
<input type="text"/>	<input type="text"/>

**i. Unpaid prevocational assessment or training**

# of days	Average hrs./day
<input type="text"/>	<input type="text"/>

**j. Attended job clubs, work readiness, groups, or other vocational support groups**

# of days	Average hrs./day
<input type="text"/>	<input type="text"/>

12. Type of discharge from CWT (select only one):

- a. ☐ Mutually agreed upon, planned discharge
- b. ☐ Involuntary discharge - failure to comply with program requirements
- c. ☐ Left the program before planned discharge date and informed staff of his/her departure.
- d. ☐ Veteran left the program before planned discharge date and did NOT inform the staff (AWOL)
- e. ☐ Veteran became ill (physically or emotionally) and was not able to work in CWT
- f. ☐ Veteran is deceased

13. Since admission, did the veteran receive an increase in payment, or begin receiving for the first time, any of the below?

- |   |                              |                             |                                     |
|---|------------------------------|-----------------------------|-------------------------------------|
| a. Service Connected Psychiatry (include 0%).....             | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
| b. Service Connected Other (include 0%).....                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
| c. NSC Pension .....  | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| d. SSDI (Social Security Disability Insurance) .....          | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
| e. SSI (Supplemental Security Income).....                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
| f. Social Security Retirement .....                           | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
| g. Other disability (e.g. workmen's compensation) .....       | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
| h. Other public support (e.g. food stamps, general relief)... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> |
| i. Other pension/retirement (e.g. military pension).....      | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't Know <input type="checkbox"/> |

14. Did the veteran give any indication that one factor for deciding to leave the program was a concern that continued participation in employment would jeopardize the amount of any of the benefits listed in the above question?

Yes ☐ No ☐

15. Veteran's housing status at discharge from CWT was (select only one):

- a. ☐ Own apartment, room, or house (including boarding homes, SROs, etc)
- b. ☐ Apartment, room, or house of a friend or family member
- c. ☐ Halfway house/transitional living program
- d. ☐ Institution (e.g., hospital, nursing home, domiciliary)
- e. ☐ No available residence other than homeless shelters, outdoors, etc.
- f. ☐ Unknown – veteran left program without indicating housing status

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16. In the last 30 days, did the veteran drink to the point of intoxication at least once?

Yes ☐ No ☐ Don't Know ☐

17. In the last 30 days, did the veteran use any illicit substances?

Yes ☐ No ☐ Don't Know ☐

18. Please rate changes in the following work areas over the course of the veteran's participation in CWT:

a. Personal hygiene/ appearance:

Deteriorated ☐ Unchanged ☐ Improved ☐ Not applicable ☐

b. Attendance and punctuality:

Deteriorated ☐ Unchanged ☐ Improved ☐ Not applicable ☐

c. Acceptance of supervision:

Deteriorated ☐ Unchanged ☐ Improved ☐ Not applicable ☐

d. Ability to get along with co-workers:

Deteriorated ☐ Unchanged ☐ Improved ☐ Not applicable ☐

e. Productivity (output volume):

Deteriorated ☐ Unchanged ☐ Improved ☐ Not applicable ☐

f. Quality of production:

Deteriorated ☐ Unchanged ☐ Improved ☐ Not applicable ☐

19. Please rate changes in the following clinical areas over the course of the veteran's participation in CWT:

a. Alcohol problems:

Deteriorated ☐ Unchanged ☐ Improved ☐ Not applicable ☐

b. Drug problems:

Deteriorated ☐ Unchanged ☐ Improved ☐ Not applicable ☐

c. Mental health problems: (other than a or b)

Deteriorated ☐ Unchanged ☐ Improved ☐ Not applicable ☐

d. Medical problems:

Deteriorated ☐ Unchanged ☐ Improved ☐ Not applicable ☐

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20. Which of the following services, if any, will the veteran be receiving after discharge?

- a. No arrangements were made at the time of last contact:.....Yes ☐ No ☐  
(if yes, all other items should be no)
- b. VA psychiatry:.....Yes ☐ No ☐
- c. VA substance abuse.....Yes ☐ No ☐
- d. VA primary care/ medical treatment: .....Yes ☐ No ☐
- e. Continued vocational support by CWT staff .....Yes ☐ No ☐
- f. Continued vocational support by a non-VA program .....Yes ☐ No ☐
- g. Non-VA mental health program .....Yes ☐ No ☐
- h. Non-VA substance abuse program .....Yes ☐ No ☐
- i. non-VA primary care/medical treatment .....Yes ☐ No ☐
- j. Other .....Yes ☐ No ☐

21. During his/her participation in CWT, did the veteran work on a Veterans Construction Team?

.....Yes ☐ No ☐ Don't Know ☐